

O&M National Uniform Program
Uniform Allowance Authorization Form
New Employee / Employee Changes / Employee Transfers / Employee Terminations

SECTION I - COMPLETE FIRST TWO LINES EXACTLY AS ORIGINALLY SUBMITTED REGARDLESS OF OTHER ACTIONS.

Original: Uniform Supplier Copy: Project File

EMPLOYEE NAME <small>(Last, First and Middle Initial)</small>		*EMPLOYEE ACCOUNT NO.				DATE	
DISTRICT (Current District)		PROJECT (Current Project)		DISTRICT CODE		PROJECT LOCATION CODE	
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	<input type="checkbox"/> PERMANENT(P)	<input type="checkbox"/> SEASONAL(S)	<input type="checkbox"/> TEMPORARY (L) 12 MONTHS OR LONGER	<input type="checkbox"/> TEMPORARY (T) 4 TO 12 MONTHS	<input type="checkbox"/> \$200/yr	
						ALLOWANCE PERIOD START END	
CLASS A DRESS <input type="checkbox"/> (Dress Only) Supervisors and Administrative Support Staff		CLASS B WORK <input type="checkbox"/> (Excludes Denim Jean) Supervisors Limited Administrative Staff O&M General Staff		O&M CLASS C <small>(All Uniforms except Class A)</small> <input type="checkbox"/> (Includes Denim Jean) Except Supervisors Administrative Staff O&M General Staff/Work		FLOATING PLANT <input type="checkbox"/> CLASS A ** <input type="checkbox"/> CLASS A *** and O&M CLASS C ** Khaki Uniform *** Khaki Uniform + O&M Class	

ALLOWANCE TYPE (General)			
First Year or Category Change <input type="checkbox"/> INITIAL (\$400)	Second Year <input type="checkbox"/> FIRST (\$300) REPLACEMENT (F)	Third Year and Beyond <input type="checkbox"/> SUBSEQUENT (\$250) REPLACEMENT (R)	Temporary <input type="checkbox"/> OVER 12 MONTHS (\$200) <input type="checkbox"/> 4-12 MONTH (\$200)

SECTION II ☐ CHANGE OR ACTION

CHANGE OF CATEGORY (Only when going from Class A to C or Class C to A) <input type="checkbox"/> 1. FROM CLASS C TO CLASS A UNIFORM (Work to Dress Class) <input type="checkbox"/> 2. FROM CLASS A TO CLASS C UNIFORM (Dress to Work Class) <input type="checkbox"/> 3. FROM _____ TO _____ CATEGORY		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2" style="text-align: center;">NEW DISTRICT CODE</td><td colspan="4" style="text-align: center;">NEW PROJECT LOCATION CODE</td></tr><tr><td colspan="2"></td><td colspan="4"></td></tr></table> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="2" style="text-align: center;">FROM</td><td colspan="2" style="text-align: center;">TO</td><td colspan="2" style="text-align: center;">CHANGE OF STATUS</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td colspan="2">PERMANENT</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td colspan="2">SEASONAL</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td colspan="2">TEMPORARY - 12 MONTHS OR LONGER</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td colspan="2">TEMPORARY 4 - 12 MONTHS</td></tr></table>		NEW DISTRICT CODE		NEW PROJECT LOCATION CODE										FROM		TO		CHANGE OF STATUS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PERMANENT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEASONAL		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TEMPORARY - 12 MONTHS OR LONGER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TEMPORARY 4 - 12 MONTHS	
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CHANGE OF ALLOWANCE Initial FY Uniform Allowance Amount _____ Adjusted FY Uniform Allowance Amount _____ <small>Only change when changing Class or going from temporary to seasonal / permanent</small>																																													

SECTION III ☐ TERMINATION

DATE OF TERMINATION <input type="checkbox"/> TERMINATION CANCELS ALL CURRENT UNIFORM ORDERS <input type="checkbox"/> TERMINATE EMPLOYEE ACCOUNT	REMARKS
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AUTHORIZATION BY SUPERVISOR OR DISTRICT UNIFORM COORDINATOR

TYPE OR PRINT NAME AND TITLE	SIGNATURE	DATE
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PRIVACY ACT STATEMENT

AUTHORITY: 10 U.S.C. 3012. **PRINCIPAL PURPOSE:** Input for uniform allowance program. **ROUTINE USES:** Provide an account number for issuance of clothing items in accordance with regulations governing the uniform program. **DISCLOSURE & EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION:** Disclosure is voluntary - no action will be taken against individual not providing information.